

victims to make a substantial recovery and continue to participate in life's wonderments.<sup>3,4</sup> Steever's alternative would probably not be acceptable to most North Americans afflicted with a stroke, nor would his rather cavalier attitude to death.

How we in North America deal with true medical futility is another matter.<sup>5-7</sup> That we tend not to accept death when it may be the best that life has to offer is an important issue. As physicians, we must provide our patients with accurate and realistic estimations of likely outcomes of certain illnesses and procedures.<sup>8</sup>

Who should pay for such complex medical interventions and whether there are real savings to society when such treatments are withheld are problems that must be tackled.<sup>9</sup> If life-sustaining treatment is not part of a societal commitment to provide high-quality, appropriate and humane care without making patients financially responsible for such care, there is a risk that poor people will forgo treatment because of inordinate medical costs.<sup>10</sup>

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### AT A GLANCE [CORRECTION]

In a recent At a Glance column (*Can Med Assoc J* 1995; 152: 386), a headline and the first paragraph of an article were inadvertently omitted. We apologize for this error. The complete article follows.

#### COLLEGE EXPLAINS "DATING" GUIDELINES

When, if ever, is it appropriate to engage in a personal relationship with a patient? It is well understood that it is unethical for physicians to become personally involved with patients during treatment and that doctors are guilty of professional misconduct if they engage in sexual activity with a patient. However, the College of Physicians and Surgeons of Ontario acknowledges that there may be circumstances under which a physician is unclear about rules con-

cerning social relationships with patients. In the November 1994 issue of *Dialogue*, the college outlined its "dating" guidelines and urged physicians to regard the rules with "some degree of common sense."

In 1992 the college adopted guidelines governing relationships between physicians and patients during treatment, and when psychotherapy has been a significant component of treatment. However, some physicians have interpreted the rules so stringently that doctors in small communities, who may attend the entire population in emergency situations, would be prevented from having a social life; this was not the intent of the guidelines, the college maintains. Its Physician Advisory Service provides individual and confidential advice to physicians who have questions about how to terminate the physician-patient relationship or whether a post-termination relationship is appropriate; for information, call 416 967-2606.

#### DIRECTORY OF CANADIAN CLINICAL PRACTICE GUIDELINES 1994 [CORRECTION]

The price of this book was given incorrectly in a review by Dr. Bruce P. Squires (*Can Med Assoc J* 1995; 152: 218-219). The directory is available for \$45.48 for CMA members, \$50.83 for nonmembers in Canada and \$50.83 US for nonmembers outside Canada (all prices include applicable taxes and shipping and handling charges). Copies can be ordered from Membership Services, 1867 Alta Vista Dr., Ottawa, ON K1G 3Y6; tel. 800 267-9703, ext. 2307.